

**Office of Retirement Services**

P.O. Box 30171

Lansing MI 48909-7671

(800) 381-5111 (Lansing area 322-5103)

[www.michigan.gov/ors](http://www.michigan.gov/ors)

# Retirement Application Checklist

## For Retiring Public School Employees

All required forms and documentation must accompany your Application for Retirement. If a required form is missing or incomplete or if all required documentation is not submitted with your application, your materials will be returned to you. Please read all directions carefully, sign where necessary (including spouse's signature where required), and use this checklist to be sure it is complete before you submit to ORS. All forms except HMO enrollment forms can be downloaded from the ORS website at [www.michigan.gov/ors](http://www.michigan.gov/ors). We suggest you write the applicant's name and social security number at the top of any documentation/proofs you submit.

FORMS	WHEN REQUIRED / SPECIAL NOTES
<input type="checkbox"/> APPLICATION FOR RETIREMENT	Required.
<input type="checkbox"/> ELECTION OF PENSION OPTION	Required. No corrections or visible erasures are permitted. If you are married and elect a straight life option, or elect a survivor option and name a beneficiary other than your spouse, your spouse must also sign the form.
<input type="checkbox"/> EFT (DIRECT DEPOSIT) APPLICATION	Required. Complete whether choosing or refusing electronic funds transfer.
<input type="checkbox"/> GROUP INSURANCE APPLICATION	Required. Complete whether declining or enrolling in the insurance offerings.
<input type="checkbox"/> HMO APPLICATION	Required if you are enrolling in one of the HMOs. Contact the HMO for an enrollment form and submit it along with the completed Group Insurance Application form (above).
<input type="checkbox"/> TAX WITHHOLDING AUTHORIZATION	Recommended. See instructions on the form.
DOCUMENTATION	WHEN REQUIRED / SPECIAL NOTES
<input type="checkbox"/> PROOF OF AGE – SELF	Required. See acceptable proofs of age on reverse.
<input type="checkbox"/> PROOF OF AGE – PENSION BENEFICIARY	Required if you checked a survivor option on your Election of Pension Option form. See acceptable proofs of age on reverse.
<input type="checkbox"/> PROOF OF MEDICARE – INSURANCE ENROLLEE	Required for any person enrolling in health insurance who is under age 65 and covered under Medicare. Acceptable proof: A photocopy of the Medicare card.
<input type="checkbox"/> PROOF OF DEPENDENCY – INSURANCE DEPENDENTS	Required if your insurance dependent is age 19 or older. Acceptable proofs: Your most recent 1040 tax form listing the dependent. (For children age 24 or older, provide the child's most recent tax return or a signed statement declaring his or her current year expected income.)
<input type="checkbox"/> PROOF OF SCHOOL ATTENDANCE – INSURANCE DEPENDENTS	Required if your insurance dependent is a full-time student age 19 or older. Acceptable proofs: A student transcript or tuition receipt showing he or she meets the school's standards for full-time attendance.
<input type="checkbox"/> PROOF OF DISABILITY – INSURANCE DEPENDENTS	Required if your insurance dependent is a disabled child age 19 or older. Acceptable proofs: A statement on the attending physician's letterhead certifying the child is disabled and incapable of sustaining employment.
<input type="checkbox"/> PROOF OF LEGAL GUARDIANSHIP – INSURANCE DEPENDENTS	Required if your insurance dependent is a child for whom you are legal guardian. Acceptable proofs: Legal guardianship papers issued by a court.
<input type="checkbox"/> SOCIAL SECURITY STATEMENT	Required if you checked an equated plan on your Election of Pension Option form. When you request the statement from social security, be sure to include any projected wages through the date you retire. It's important that the estimate is as accurate as possible because it affects your equated pension amount.

**SUBMIT YOUR APPLICATION MATERIALS 3-6 MONTHS BEFORE YOUR RETIREMENT EFFECTIVE DATE TO  
OFFICE OF RETIREMENT SERVICES, P.O. BOX 30171, LANSING MI 48909-7671**

## PROVING YOUR AGE

You must furnish proof of your age, your beneficiary's age if you've elected a survivor option, when you apply for your pension. Photocopies are fine. Acceptable proofs, in order of preference, are shown here.

### PREFERRED PROOF OF AGE

The record must include your date of birth or age. Photocopies are acceptable.

- Birth certificate.
- Hospital birth record.
- Church baptismal record established during the first few years of your life.
- Passport.
- Delayed birth certificate.
- Social security documentation. If none of the above is available and you have applied for a social security benefit and documented your date of birth, a statement from the Social Security Administration is sufficient. This statement must include your date of birth and explain that you have filed sufficient documentation to establish your date of birth.

### ALTERNATE PROOF OF AGE

If you have not applied for social security benefits, photocopies of at least two of the following documents may be used. Records established early in life are preferred.

- School record.
- Church record.
- State or federal census record.
- Statement signed by physician or midwife who attended the birth.
- Family bible or other family record.
- Insurance policy.
- Marriage record.
- Employment record.
- Military record.
- Child's birth certificate that shows age of parent.
- Other records such as a hospital treatment record, labor union or fraternal record, permits, licenses, voting or registration records, or poll tax receipts.

### FOREIGN BIRTH

If you were born in a foreign country, you may provide any of the items listed above or one of the following:

- Foreign passport.
- Immigration record established upon arrival in the United States.
- Naturalization record (citizenship paper).
- Alien registration card.